

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830810

APPLICANT(S)

7/21/4

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
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40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	9					
TOTAL DEP.	28	↓	8	↓		
TOTAL CLAIMS	33	9				

* 7/21/4 *			
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			1
59			2
60			1
61			1
62			
63			
64			
65			
66			
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89			
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91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.		5	5

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